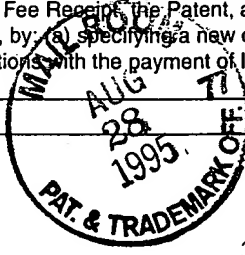


PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

<p>1. CORRESPONDENCE ADDRESS</p> <p align="center">BENNET K. LANGLOTZ 4678 S.W. FLOWER PLACE PORTLAND, OR 97221</p>	<p>2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)</p> <p>INVENTOR'S NAME</p> <p>Street Address</p> <p>City, State and ZIP Code</p> <p>CO-INVENTOR'S NAME</p> <p>Street Address</p> <p>City, State and ZIP Code</p> <p><input type="checkbox"/> Check if additional changes are on reverse side</p>
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33M1/0626

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SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/242,738	05/13/94	022	TUCKER, G	3309 06/26/95
<p>First Named Applicant: HUEBNER, RANDALL J.</p>				

TITLE OF INVENTION: HUMERAL NAIL FOR FIXATION OF PROXIMAL HUMERAL FRACTURES

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3	606-064.000	M84	UTILITY	YES	\$605.00	09/26/95

<p>3. Correspondence address change (Complete only if there is a change)</p>	<p>4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.</p> <p><u>Bennet K. Langlotz</u></p> <p>2 _____</p> <p>3 _____</p>
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080 VM 09/05/95 08242738 1 242 605.00 CK
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<p>5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)</p> <p>(1) NAME OF ASSIGNEE: <u>Acumed, Inc.</u></p> <p>(2) ADDRESS: (CITY & STATE OR COUNTRY) <u>Beaverton, Oregon</u></p>		<p>6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies <u>1</u></p> <p>6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER _____ (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ <input type="checkbox"/> Any Deficiencies in Enclosed Fees _____</p> <p>The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.</p> <p>(Authorized Signature) <u>[Signature]</u> (Date) <u>8-24-95</u></p> <p>NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.</p>
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A. ☐ This application is NOT assigned.
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☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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Bennet K. Langlotz
(Name of person making deposit)

B. K. Langlotz
(Signature)

8-24-95
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